

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

124

State File No.

BIRTH NO.		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5108</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural East Williams</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural East Williams Twp.</u>			
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles west Stover</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles west Stover</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Boeschen</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>25</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 17, 1863</u>		9. AGE (In years last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Ashley, Illinois /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Herman Boeschen</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sena Boeschen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Boeschen Cole Camp, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute intestinal obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Probably post operative adhesions</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced, generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 months</u> <u>80 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 10-50</u> to <u>Jan 25 1951</u> , that I last saw the deceased alive on <u>Jan 24, 1951</u> , and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)				23b. ADDRESS <u>Parisilles, Mo.</u>		23c. DATE SIGNED <u>1-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 27, 1951</u>		REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u> 394		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Stevinson</u> ADDRESS <u>Stover, Mo.</u>			

(If signed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-31-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-31-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

James R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student James R. Scrivner
Student Embalmer

Signed

J. H. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.